

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056475

1. Entity Name

PALMTECH FARM INC.

Principal Place of Business

18310 SW 192 ST.  
MIAMI FL 33187

Mailing Address

18310 SW 192 ST.  
MIAMI FL 33187

2. Principal Place of Business

19000 S.W. 192 ST

Suite, Apt. #, etc.

3. Mailing Address

19000 S.W. 192 ST

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL

Zip

33187

Country

Zip

33187

Country

4. FEI Number

65-0929681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ESTEBAN  
16451 NW 84 AVE.  
MIAMI FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERTO G	
STREET ADDRESS	30545 SW 193 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VDSD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ESTEBAN	
STREET ADDRESS	16451 NW 84 AVE.	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIEL	
STREET ADDRESS	7560 SW 67 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90043 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)